

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Bacon* County *Howard*

Died at *Sinnersville*

Date of death 1908 / *8* / *5* Sep / *5* Age *1* Years *1* Months *1* Days

Sex *Male* Color or Race *Caucasian* Birth-place *Ind*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *Israel Bacon* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Neely* Mother's Birthplace *Ind*

Name of person giving information *Israel Bacon* ✓ How related to deceased *Parent*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Convulsion* How long *6 Hours*

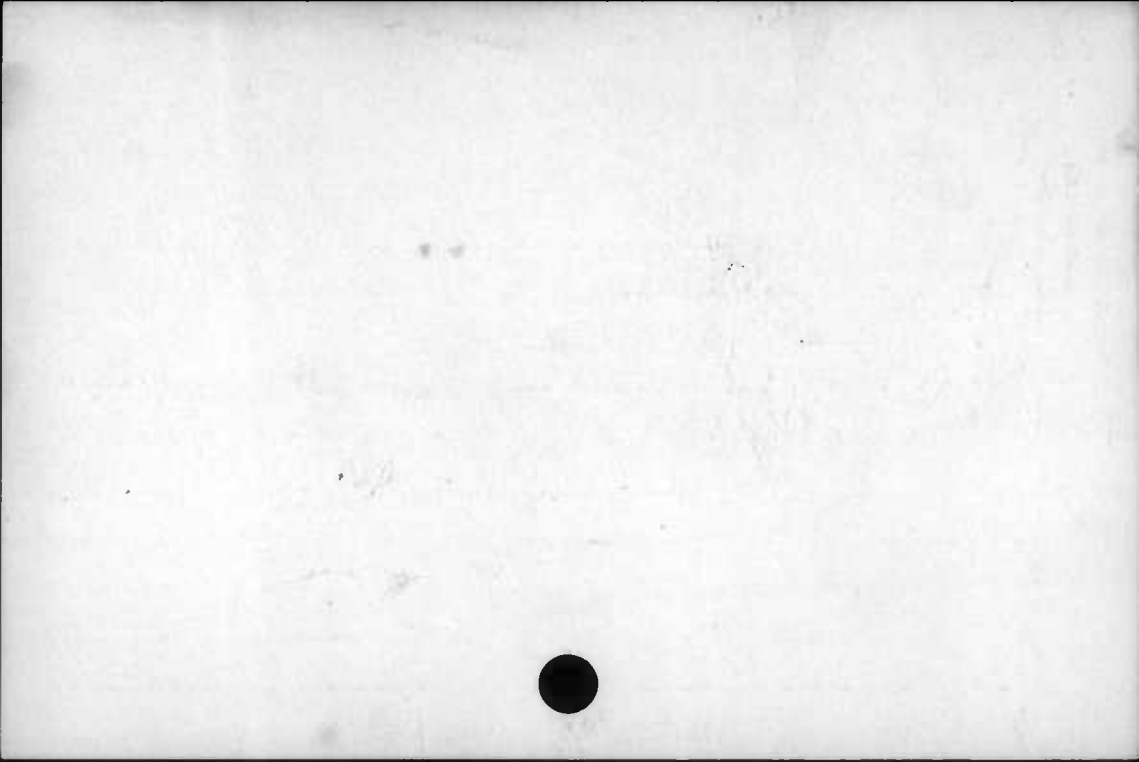
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *Chas R. Wilson*

Address *Sinnersville*

Accident or Suicide? *9*



Name
in
Full

Hatfield, Ruben Floyd Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

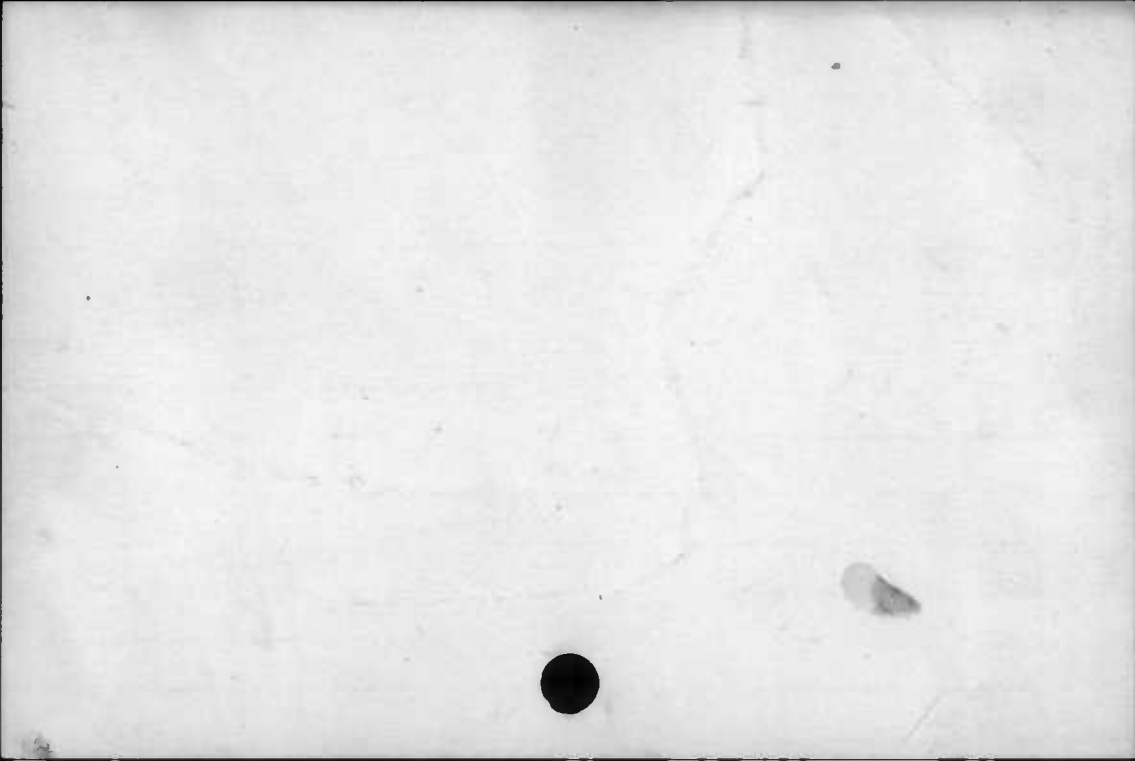
Died man <i>syphilis</i>		Town <i>Hatfield</i>		County <i>Hamon</i>		MARYLAND	
Date of death	1908	Month	9	Day	14	Age	Years <i>✓</i>
						Months <i>✓</i>	Days <i>8</i> <i>✓</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>wt.</i>
Occupation	<i>none</i>			Where Residing if not at place of death			<i>-</i>
Married, Single or Widowed	<i>-</i>		Name of Wife or Husband				<i>-</i>
Father's Name	<i>William Edward Hatfield</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Mattie Ellsworth Bowen</i>					Mother's Birthplace	<i>wt.</i>
Name of person giving information	<i>W. E. Hatfield</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

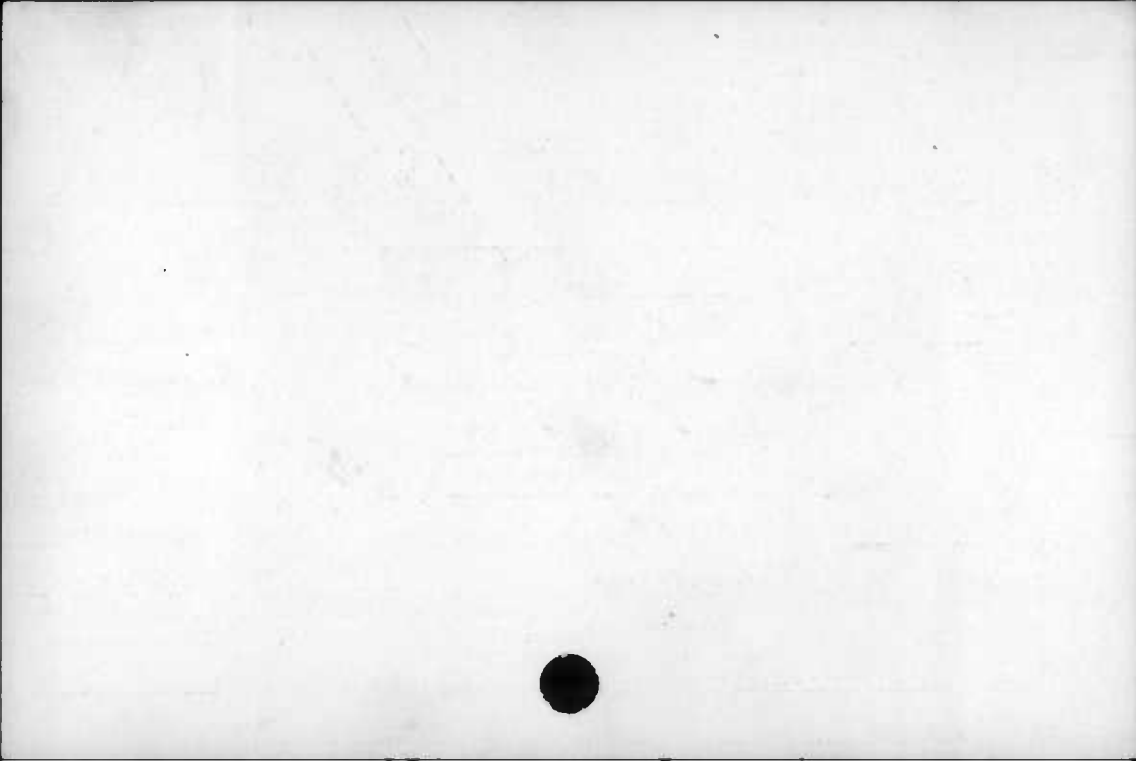
105

PHYSICIAN
OR CORONER

Primary	<i>Eulitis</i>	How long	<i>2 weeks</i> <i>✓</i>
Immediate	<i>Typhoid</i>	How long	<i>2 days</i> <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. Frank Lucas, M.D.</i>
		Address	<i>Sylamore, wt.</i>
Accident or Suicide?	<i>-</i>		



Name in Full Nora Francis Criden		CERTIFICATE OF DEATH	
Died at Alberton ^{Town}		Haward ^{County}	
Date of death 1908		MARYLAND Month Sept Day 23 Age 8 Years Months 3 Days	
Sex Female		Color or Race White	
Occupation Infant		Birth-place Alberton, Md	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Jefferson D. Criden		Father's Birthplace Strasburg, Va	
Mother's Maiden Name Eleanor Drummond		Mother's Birthplace Strasburg, Va	
Name of person giving information Eleanor Criden		How related to deceased Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(105)</div>			
Primary Enterocolitis		How long 1 week	
Immediate Asthenia		How long 1 week	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm. B. Gambrell	
		Address Ellicott City, Md	
Accident or Suicide?			



Name
in
Full

Mayie L. Crobart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

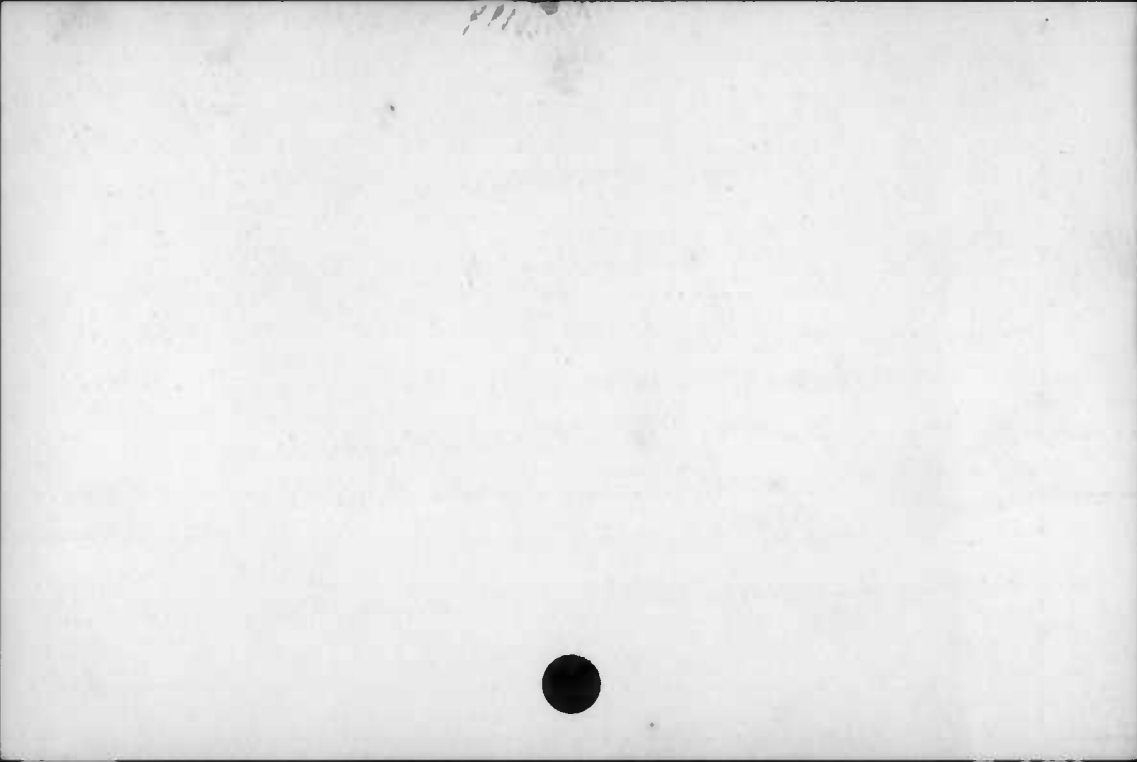
Died at <u>Daisy.</u> <small>Town</small>		<u>Howard.</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Sept.</u> <small>Month</small>	<u>23</u> <small>Day</small>	<u>—</u> <small>Age</small>	<u>—</u> <small>Months</small>	<u>16</u> <small>Days</small>
Sex <u>Female.</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Harry Crobart.</u>			Father's Birthplace <u>Balts. Md.</u>		
Mother's Maiden Name <u>Lacy Poole.</u>			Mother's Birthplace <u>Flower Md.</u>		
Name of person giving information <u>Harry Crobart</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>one week.</u>
Immediate	<u>asthenia</u>	How long	<u>two days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. W. Lacy.</u>
Address		<u>Lisbon Md.</u>	
Accident or Suicide? <u>—</u>			



Name
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Full

Eddie Jefferson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Daisy</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Sept.</u> <small>Month</small>	<u>3.</u> <small>Day</small>	Age <u>33</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>27</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife and domestic servant</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Arthur Jefferson</u>				
Father's Name <u>George Schaper Garner</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary Susanna Dorsey</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Lilla Hammond</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u>7⁽³⁾ Months</u>
Immediate " " "	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Pacy</u>
Accident or Suicide?	Address <u>Pittsboro</u>
	<u>Ind</u>

Fauvina Parvula & Qua.

Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

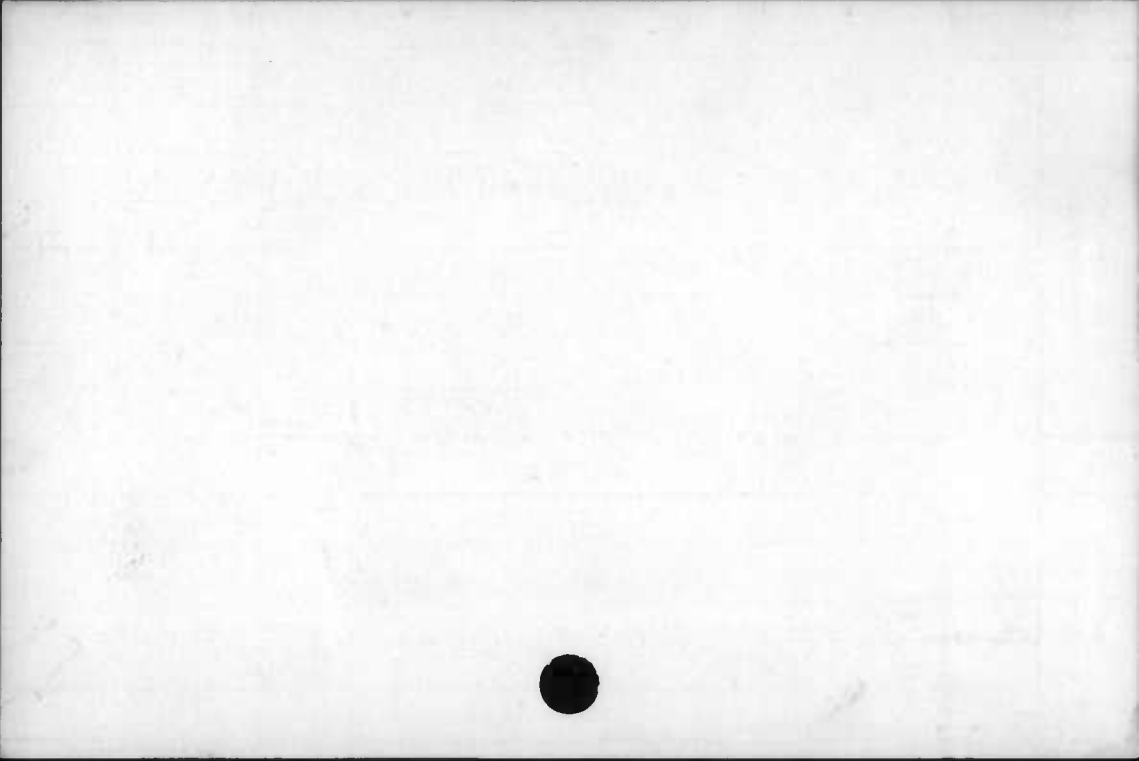
Died at		Town <i>Cooksville</i>		County <i>Howard</i>		MARYLAND	
Date of death 190		Month <i>Sept.</i>	Day <i>15</i>	Age <i>68</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>African</i>		Birth- place <i>Missouri</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Orphan's home</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Moses Johnson</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Mrs. Bertie Robinson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

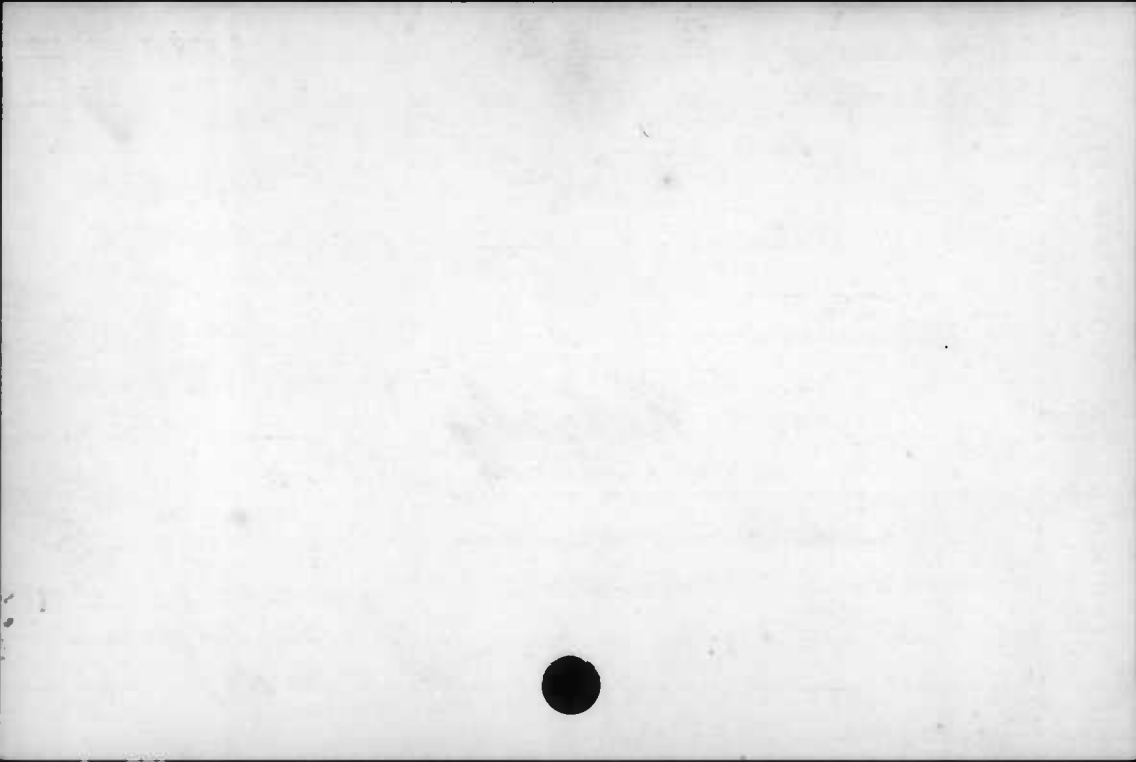
108

PHYSICIAN
OR CORONER

Primary	<i>Obstruction to Respiration</i>	How long <i>About 6 days</i>
Immediate	<i>Effects same</i>	How long <i>About 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Heffner</i>
Address <i>Sykesville, Md.</i>		
Accident or Suicide? <i>No</i>		



Name in Full		Thomas W. Meldron				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Doughorogan		County Howard		MARYLAND	
	Date of death	1908	Month Sept	Day 13	Age	Years —	Months 2
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband none			
	Father's Name	William Meldron				Father's Birthplace	Maryland
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie Ridgley				Mother's Birthplace	Maryland
	Name of person giving information	Annie Meldron				How related to deceased	Mother
	CAUSES OF DEATH						(157)
PHYSICIAN OR CORONER	Primary	Marasmus				How long	2 months
	Immediate	Convulsions				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. H. Stultz, M.D.		
	Address				Catawsville Md.		
Accident or Suicide?		—					



Name
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Full

Clarence E Merson

CERTIFICATE OF DEATH

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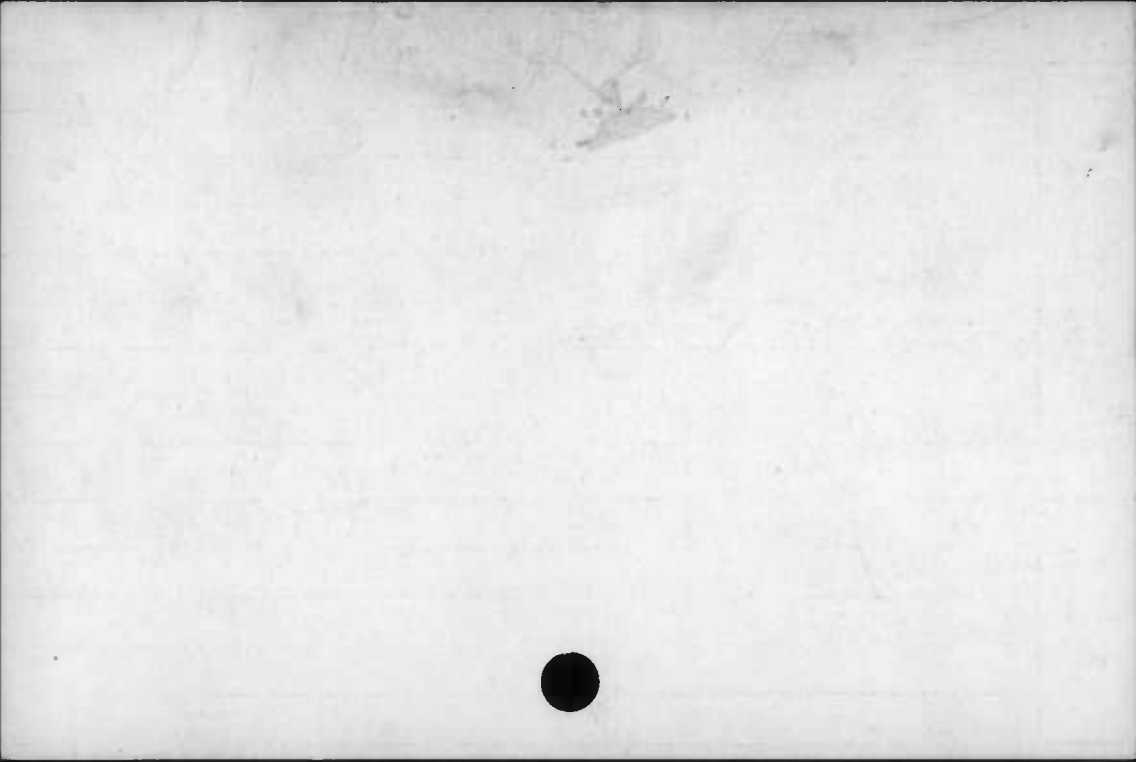
Died at <i>Jessups</i> Town			County <i>Howard</i>			MARYLAND		
Date of death 190 <i>8</i>	Month <i>Sept</i>	Day <i>25</i>	Age	Years <i>30</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>M.d</i>					
Married, Single or Widowed <i>Widowed</i>			Occupation <i>gang Boss on B & O R.R</i>					
Name of Wife or Husband <i>Not known</i>								
Father's Name <i>Oliver Merson</i>						Father's Birthplace <i>M.d</i>		
Mother's Maiden Name <i>Not known</i>						Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>operator at Jessups</i>						How related to deceased <i>none</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>President hit by train</i>	How long	<i>U</i>
Immediate	<i>same</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Resumet</i>	
<i>Edwidge Howard</i>		Address <i>60 Md</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

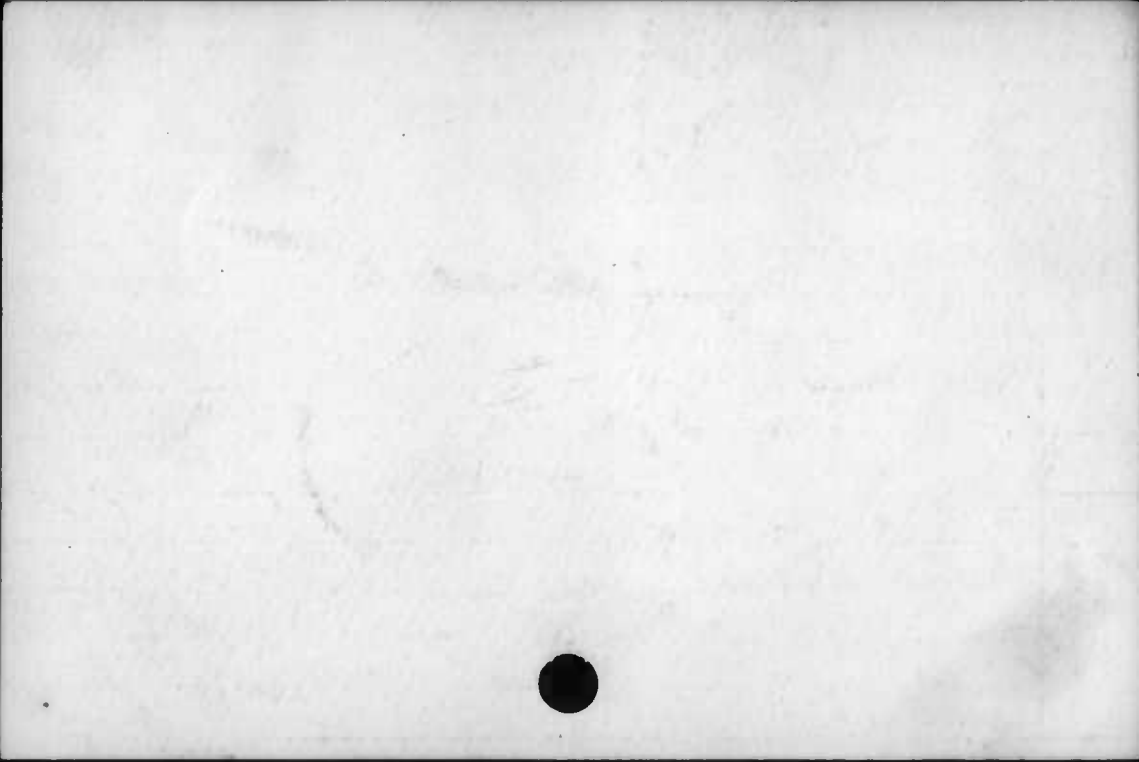
Name in Full <i>George W Pocock</i>		Town <i>Edridge Md</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Edridge Md</i>		Month <i>Sept</i>		Day <i>21</i>		Years <i>65</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Edridge</i>			
Occupation <i>Store Keeper</i>		Where Residing if not at place of death <i>Edridge</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Martha M Lowman</i>					
Father's Name <i>George Pocock</i>		Father's Birthplace <i>Northford Co</i>					
Mother's Maiden Name <i>Matilda Lilly</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>James E Pocock son</i>		How related to decedent <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 yrs</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Arthur Willoughd</i>	
		Address	
		<i>Edridge Md</i>	
Accident or Suicide?			
<i>No</i>			



Name

in
Full

Edgar Taylor Ridgley

CERTIFICATE OF DEATH

Died at Puffer's Cove ^{Town} Howard ^{County} MARYLAND

Date of death 1908 ^{Year} Sept ^{Month} 14 ^{Day} Age — ^{Years} Three ^{Months} one ^{Days}

Sex male Color or Race White Birth place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Herbert F. Ridgley Father's Birthplace Md.

Mother's Maiden Name Mary Theresa Snider Mother's Birthplace Md.

Name of person giving information Mary Theresa Ridgley How related to deceased Mother

Mother rolled on chair and fell

CAUSES OF DEATH

176

Primary — How long —

Immediate Smoothed How long —

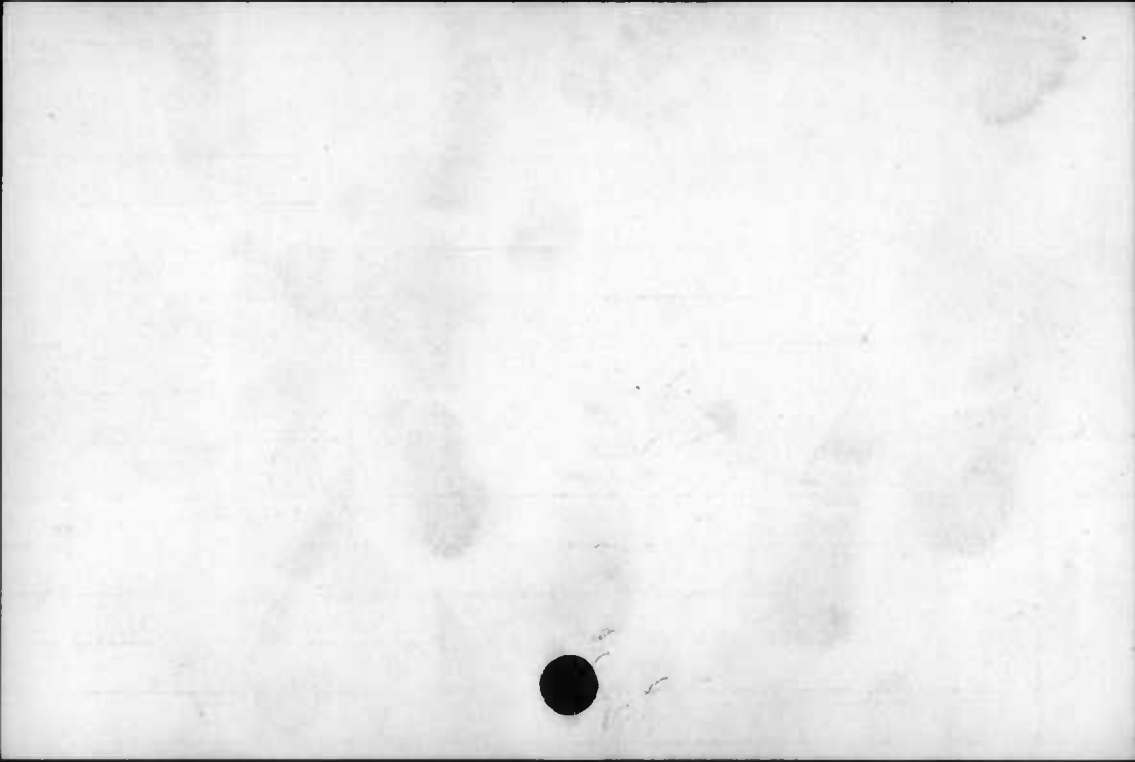
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Coroner, William F. Lilly

Address Ellicott City, Md

Accident or Suicide? Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Washington Schaible.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

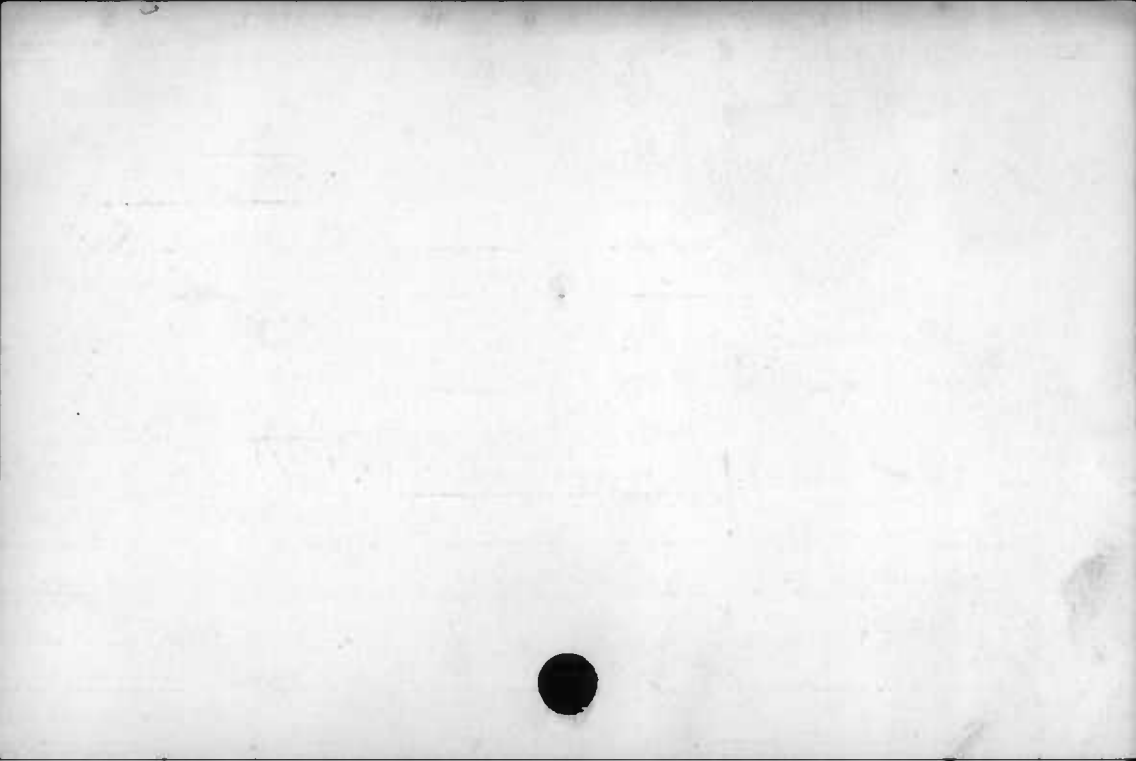
Died at <i>Eek Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept.</i> ^{Month}	<i>24</i> ^{Day}	Age <i>1</i> ^{Years}	<i>6</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Eek Ridge Md</i>			
Married, Single <i>Single</i>		Name of Wife or Husband <i>none.</i>			
Father's Name <i>William F. Schaible</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Daisy E. Coffman</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Wm F. Schaible</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Extensive burn</i>	How long <i>18 hours</i>
Immediate <i>Shock</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eek Ridge Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Edith Pearl Smith

CERTIFICATE OF DEATH

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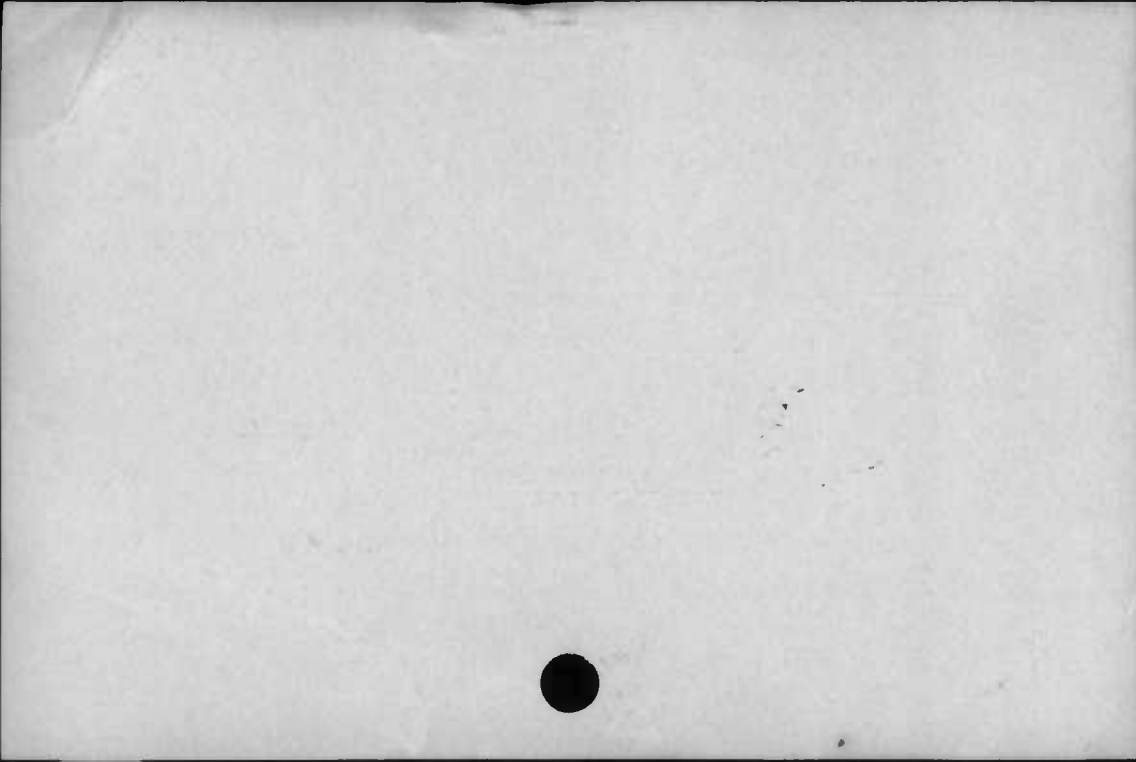
Died at		Town Savage		County Howard		MARYLAND	
Date of death 1908		Month 9	Day 12	Age Years		Months 8	Days 24
Sex Female	Color or Race white		Birth- place Md				
Occupation Infant	Where Residing if not at place of death Savage Md						
Married, Single or Widowed single	Name of Wife or Husband						
Father's Name Alburt Smith	Father's Birthplace Md						
Mother's Maiden Name Edith Pearl Bradford	Mother's Birthplace Md						
Name of person giving in formation Wm Bradford		How related to deceased Grandfather					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Chronic Indigestion	How long Several months
Immediate Congestion of Lungs	How long 2 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician William M. Savage
Address Savage Md	
Accident or Suicide? misad	



Name
in
Full

CERTIFICATE OF DEATH

Charles Weber

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		1908	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Md
Occupation		Labour		Where Residing if not at place of death		Roxbury			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Weber			
Father's Name		do not know		Father's Birthplace		Md			
Mother's Maiden Name		do not know		Mother's Birthplace		md			
Name of person giving information		Charles Brandenburg		How related to deceased		Brother in Law			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several years
Immediate	Pulmonary Congestion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. A. School	
Address		Dayton Md	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Sharp Williams</i>		Town <i>"The Oaks", Elliott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>"The Oaks", Elliott City</i>		Month <i>Sept</i>		Day <i>3</i>		Years <i>11</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>3</i>		Age <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>"The Oaks", Howard Co., Md.</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>William David Williams</i>				Father's Birthplace <i>Loudon Co., Va.</i>			
Mother's Maiden Name <i>Dulcie Belva Cooley</i>				Mother's Birthplace <i>Warren Co., Va.</i>			
Name of person giving information <i>Dulcie B. Williams</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>6 days</i>
Immediate <i>Convulsions</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Gambrell</i>
Accident or Suicide? <i>2</i>	Address <i>Elliott City, Md.</i>

